



SIMSBURY YOUTH HOCKEY ASSOCIATION
Medical Consent To Treat / Emergency Contact Form
2017-18 Season

This is to certify that on this date, I [Parent/Guardian], as parent or guardian of [Player Name/Athlete Participant], or for myself as an adult participant, give my full consent to Simsbury Youth Hockey Association (SYHA) to obtain medical care or emergency medical treatment from any licensed physician, hospital or clinic, including but not limited to transportation, for the below mentioned participant, for any injury that could arise from participation in USA Hockey sanctioned events¹.

Player Name / Athlete Participant: _____

Parent / Guardian Signature: _____

Date: _____

Excess accident insurance up to \$25,000, subject to deductibles, exclusions and certain limitations, is provided to all USA Hockey registered team participants. For further details visit usahockey.com or contact USA Hockey at (719) 576-USAH.

EMERGENCY CONTACT INFORMATION

Name: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Physician's Name: _____

Office Phone: _____

Hospital of Choice: _____

¹ A USA Hockey sanctioned event includes pre-competition activities and practice sessions which are authorized, organized and supervised by the coach, or an adult designated by the coach, to supervise and coordinate such activities.